

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO
THE BOARD OF PATENT APPEALS AND INTERFERENCES (Large Entity)**

Docket No.
EN998017

In Re Application Of: **Callaghan et al.**

Serial No.
09/050,841

Filing Date
03/30/98

Examiner
P. Elisca

Group Art Unit
2161

Invention: **METHOD, SYSTEM AND PROGRAM PRODUCTS FOR SHARING STATE INFORMATION
ACROSS DOMAINS**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated **November 02, 2001** finally rejecting Claim(s)

The fee for this Notice of Appeal is: **\$320.00**

- ☐ A check in the amount of the fee is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 09-0457 (IBM)
A duplicate copy of this sheet is enclosed.

Kevin P. Radigan
Signature

Dated: **March 01**, 2002

Kevin P. Radigan, Esq.
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I certify that this document and fee is being deposited on **March 01**, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Kevin P. Radigan
Signature of Person Mailing Correspondence

Kevin P. Radigan

Typed or Printed Name of Person Mailing Correspondence

cc:

Applicants: Callaghan et al.

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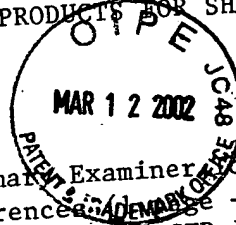
Title: METHOD, SYSTEM AND PROGRAM PRODUCTS FOR SHARING STATE
INFORMATION ACROSS DOMAINS

Enclosures:

- * Notice Of Appeal From The Primary Examiner To The Board
Of Patent Appeals And Interferences - in duplicate
- * Petition For Extension Of Time Under 37 CFR 1.136(a)
(1 page - in duplicate)
- * Check - \$110.00 (Extension Fee)

KPR/jb 0827.030
EN998017

Mailed: March 01, 2002



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HESLIN ROTHENBERG FARLEY & MESITI P.C.
INTELLECTUAL PROPERTY LAW

11138

VENDOR: Commissioner of Patents & Trademarks

CHECK NO: 11138

OUR REF. NO.	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN
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[Signature]